

Guide to This Report

This label describes the measure being addressed on the current page.

The section heading appears at the top of each page.

This graph displays the rates by race and ethnicity, using age-adjusted rates when appropriate.

This text further defines and describes the measure being addressed and why it is important.

This text summarizes statewide data and racial and ethnic disparities. National and trend data may also be included.

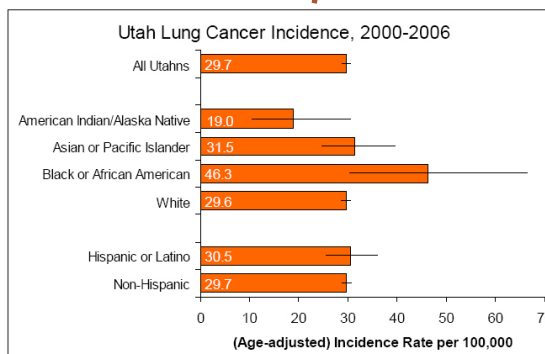
Cancer Lung Cancer Incidence

Why Is It Important?

Lung cancer is the leading cause of cancer-related death in Utah and the U.S.¹¹⁸

How Are We Doing?

- There were 29.7 new cases of lung cancer in Utah per 100,000 population from 2000 to 2006 (age-adjusted rate).
- This rate has changed little since 1980, when it was 29.6 per 100,000 population.
- This rate is significantly lower than the U.S. lung cancer incidence rate.
- Black/African-American Utahns had a significantly higher rate of lung cancer than all Utahns.



How Can We Improve?

Cigarette smoking causes most lung cancer cases.⁴² The UDOH Tobacco Prevention and Control Program (TPCP) funds statewide and local tobacco-use cessation services, including the Utah Tobacco Quit Line (1-888-567-TRUTH), the Spanish Utah Tobacco Quit Line (1-877-629-1585), a web-based cessation service (www.utahquitnet.com), and school and community-based programs for teens and pregnant women. TPCP funds community-based organizations to tailor marketing materials and messages and provide outreach for racial and ethnic groups. A statewide media campaign in English and Spanish advertises these services and motivates smokers to quit. Quitting smoking reduces risk of lung cancer, but even after many years of not smoking, the risk to former smokers remains higher than in persons who have never smoked. Only smoking prevention can stop the epidemic of lung cancer.⁴² The TPCP prevents youth tobacco use through media campaigns, school-based programs, and youth advocacy groups. Raising the price of tobacco products through increased taxation is also an effective method to prevent tobacco use.¹¹⁹ Radon is the second most important cause of lung cancer after smoking. Testing is the only way to know if a home has elevated radon levels.¹²⁰ You can learn more about radon and purchase reduced price testing kits at the Utah Department of Environmental Quality, Division of Radiation Control website: <http://www.radon.utah.gov/>.

This text provides a public health message and informs of UDOH program efforts.

Utah Lung Cancer Incidence, 2000-2006

Race/Ethnicity	Avg Annual # of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	511	2,394,590	21.3(20.6 - 22.0)	29.7(28.7 - 30.6)	n/a
American Indian/Alaska Native	2	34,511	7.0(4.1 - 11.3)	19.0(10.6 - 30.6)	
Asian or Pacific Islander	11	67,815	15.6(12.2 - 19.6)	31.5(24.6 - 39.6)	
Black or African American	4	29,485	14.1(9.4 - 20.2)	46.3(30.4 - 66.5)	↑
White	493	2,262,779	21.8(21.1 - 22.5)	29.6(28.6 - 30.6)	
Hispanic or Latino	21	242,943	8.8(7.5 - 10.4)	30.5(25.5 - 36.0)	
Non-Hispanic	489	2,151,647	22.7(22.0 - 23.5)	29.7(28.7 - 30.7)	

Source: Surveillance, Epidemiology, and End Results (SEER) Program

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: UDOH Cancer Control Program, 801-538-6712, <http://health.utah.gov/ucan/>

Arrows indicate statistically significant differences from the statewide population (health disparities).

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This table contains the data used to create the graph. It also includes the sample size (where applicable), total number of people in the relevant population, and the estimated number of those people who were affected by the measure.

Contact information is provided for a UDOH program that can answer further questions on the topic.